



10/27/99

Please type a plus sign (+) inside this box → ☐PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. Vitamerica IFirst Inventor or Application Identifier Szynalski ITitle Stop Smoking Method and CompositionExpress Mail Label No. n/a**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages 36]
(preferred arrangement set forth below)
- Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☐ Drawing(s) (35 U.S.C. 113) [Total Sheets -0-]
4. Oath or Declaration [Total Pages]
- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
- i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

5. ☐ Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy (identical to computer copy)
- c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☒ Assignment Papers (cover sheet & document(s))
8. ☒ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☒ * Small Entity Statement(s) ☐ Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)
14. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
15. ☐ Other: _____

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: _____

Prior application information: Examiner _____

Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name

Mark Pohl, Registered Patent Att'y

Address

55 Madison Avenue, 4th Floor

City

Morristown

State

NJ

Zip Code

07960

Country

USA

Telephone

(973) 665-0275

Fax

(973) 665-0275

Name (Print/Type)

Mark Pohl

Registration No. (Attorney/Agent)

35,325

Signature

A. Meul Pohl

Date

Oct. 25, 1999

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL

for FY 1999

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)

420

Complete if Known

Application Number

Filing Date

Oct. 25, 1999

First Named Inventor

Szynalski

Examiner Name

Group / Art Unit

Attorney Docket No.

Vitamarica I

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit
Account
NumberDeposit
Account
Name

☐ Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

2. ☒ Payment Enclosed:

☐ Check☐ Money
Order☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
101 760	201 380	Utility filing fee			380
106 310	206 155	Design filing fee			
107 480	207 240	Plant filing fee			
108 760	208 380	Reissue filing fee			
114 150	214 75	Provisional filing fee			

SUBTOTAL (1) (\$ 380)

2. EXTRA CLAIM FEES

Extra Claims		Fee from below		Fee Paid
Total Claims	-20** =		X	
Independent Claims	-3** =		X	
Multiple Dependent				

**or number previously paid, if greater; For Reissues, see below

Large Entity		Small Entity		Fee Description
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	
103 18	203 9	Claims in excess of 20		
102 78	202 39	Independent claims in excess of 3		
104 260	204 130	Multiple dependent claim, if not paid		
109 78	209 39	** Reissue independent claims over original patent		
110 18	210 9	** Reissue claims in excess of 20 and over original patent		

SUBTOTAL (2) (\$ 0)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
105 130	205 65	Surcharge - late filing fee or oath			
127 50	227 25	Surcharge - late provisional filing fee or cover sheet.			
139 130	139 130	Non-English specification			
147 2,520	147 2,520	For filing a request for reexamination			
112 920*	112 920*	Requesting publication of SIR prior to Examiner action			
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action			
115 110	215 55	Extension for reply within first month			
116 380	216 190	Extension for reply within second month			
117 870	217 435	Extension for reply within third month			
118 1,360	218 680	Extension for reply within fourth month			
128 1,850	228 925	Extension for reply within fifth month			
119 300	219 150	Notice of Appeal			
120 300	220 150	Filing a brief in support of an appeal			
121 260	221 130	Request for oral hearing			
138 1,510	138 1,510	Petition to institute a public use proceeding			
140 110	240 55	Petition to revive - unavoidable			
141 1,210	241 605	Petition to revive - unintentional			
142 1,210	242 605	Utility issue fee (or reissue)			
143 430	243 215	Design issue fee			
144 580	244 290	Plant issue fee			
122 130	122 130	Petitions to the Commissioner			
123 50	123 50	Petitions related to provisional applications			
126 240	126 240	Submission of Information Disclosure Stmt			
581 40	581 40	Recording each patent assignment per property (times number of properties)			
146 760	246 380	Filing a submission after final rejection (37 CFR § 1.129(a))			
149 760	249 380	For each additional invention to be examined (37 CFR § 1.129(b))			

Other fee (specify)

Assignment

Other fee (specify)

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 40)

SUBMITTED BY

Name (Print/Type)

Mark Pohl

Registration No.
(Attorney/Agent)

35, 325

Complete (if applicable)

Telephone

(973) 665-0275

Signature

f Mark Pohl

Date

Oct. 25, 1999

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Assistant Commissioner for Patents
Washington, D.C. 20231

on Oct. 25, 1999
Date

J. Mark Pohl
Signature

J. Mark Pohl, Reg. No. 35,325
Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.